

Planning & Community Development

Hearing Date	Application No.	
Vicinity Map Attached	Filing Fee	
Date Filed	Receipt No.	

APPLICATION FOR ANNEXATION

1.	Applicant's Name			
2.	Applicant's Address			
3.	Telephone (daytime)	E-mail		
4.	General Location of Property			
5.	Legal Description of Property to be rezoned (attach additional sheets if necessary)			
6.	Size of Property to be Annexed (sq. ft. and/or acres)			
7.	List reason(s) for annexation (attach additional sheets if	f necessary)		
8.	Present Zoning (Saline County)	Use		
9.	Proposed zoning if annexed			
10.	Number of persons residing on property to be annexed			
	submitting this application, I do hereby request the Salina perty for inclusion within the corporate limits of Salina, Ka	a City Planning Commission to consider the above-describ	bed	
App	olicant(s) Signature	Date		
App	olicant(s) Signature	Date		
	ne applicant is to be represented by legal counsel or an arrespondence and communications pertaining to this appl	uthorized agent, please complete the following in order tlication may be forwarded to the authorized individual.	that	
Nan	ne of representative:			
Con	nplete Mailing Address, including zip code			
Tele	ephone (Business):	E-mail address:		